

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90102 049 ***150.00

DOCUMENT # P05000135317

1. Entity Name
HONEY HOME HEALTH CARE INC.



Principal Place of Business
1100 W. 29TH ST.
HIALEAH, FL 33012

Mailing Address
1100 W. 29TH ST.
HIALEAH, FL 33012

50011226



2. Principal Place of Business
1100 W 29TH ST
Suite, Apt. #, etc.
SUITE I

3. Mailing Address
SAME
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
HIALEAH, FL

City & State

4. FEI Number
20-3588126
Applied For
Not Applicable

Zip
33012
Country

Zip
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAGA, VIVIAN M
281 EAST 56TH ST.
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GONZALEZ, LOURDES B
18700 NW 47TH AVE.
MIAMI, FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NAVARRO, MARCIA
473 EAST 39TH ST.
HIALEAH, FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
FRAGA, VIVIAN M
281 EAST 56TH ST.
HIALEAH, FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian M. Fraga 4/10/06 (305) 805-9000
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #